

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHILED A HABILITATION INSTITUTE INC (510136)

Address: 1020 MISSISSIPPI ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/05/1986

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096962 **End Date:** 04/11/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010073 Served 05/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.33(2)(h)1	MEDICAL SERVICES		
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0092363 **End Date:** 03/22/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006386 Served 04/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(6)	MINORS	05/14/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Community Based Residential Facility
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Survey ID: 0091254 End Date: 09/24/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006449 Served 10/17/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(6)	MINORS	12/15/2003	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	09/25/2003	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	10/29/2003	Yes
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN	12/05/2003	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	11/14/2003	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	09/24/2003	Yes
83.41(1)(c)1	SIZE	10/31/2003	Yes
83.41(3)(a)2	DINING FACILITIES SO ALL CAN EAT	11/07/2003	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	10/02/2003	Yes
83.54(3)	STORM WINDOWS AND SCREENS	03/01/2004	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/04/2006 SOD #10010073 Appealed: No

Sanctions

FORFEITURE---83.14(1)(d)
FORFEITURE---83.33(2)(h)1
FORFEITURE---83.42(3)(f)

Date: 04/13/2004 SOD #10006386 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.06(6)

Date: 10/16/2003 SOD #10006449 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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